

Superior Court of the State of Washington For the County of King

Partnership for Youth Justice
Matthew David & Shirley Noble, Area Managers
Email: PYJ.group@KingCounty.gov

1401 E. Jefferson, Suite 506
Seattle, Washington 98122
Phone: 206 296-1131

Thank you for your interest in the PARTNERSHIP FOR YOUTH JUSTICE program. Enclosed is an application and Washington State Patrol form.

Please call 206-296-1131 and ask to speak to an Area Manager before completing and returning the application.



After speaking to an Area Manager, please complete both forms and return them in the self addressed envelope that has been provided. You will then be contacted to arrange for you to observe a Community Accountability Board.

Please refer to the enclosed checklist to guide you through filling out the application materials.

All new members must attend two evenings of training by Superior Court. Enclosed is a training schedule for your convenience. You will automatically be scheduled for training after you've observed at least once. As we near the time for training you will receive more information in the mail.

If you have any questions please give us a call at 206 296-1131 and ask to speak to an Area Manager.

Sincerely,

 and 

Matthew David & Shirley Noble
Area Managers

Enclosures

PARTNERSHIP FOR YOUTH JUSTICE APPLICATION INSTRUCTIONS AND CHECKLIST

- ☐ **Read the Cover Letter**
- ☐ **Read PYJ Information Sheet**
- ☐ **Call (206) 296-1131 and ask to speak to an Area Manager**
- ☐ **Complete and sign the Partnership for Youth Justice Application**
- ☐ **Complete *Section C* of the Washington State Patrol Form**
- ☐ **Complete the following blanks in *Section D* on the Washington State Patrol Form:**
 - ☐ **Applicant's Signature**
 - ☐ **Applicant's Name**
 - ☐ **Address**
 - ☐ **City/State/Zip**
- ☐ **Return the completed Partnership for Youth Justice Application and Washington State Patrol Forms to:**

**Partnership for Youth Justice
Volunteer Applications
1401 E. Jefferson, Suite 506
Seattle, WA 98122**

Or fax to:

206-296-1493

Or scan and e-mail to:

PYJ.Group@KingCounty.gov

For more information, visit our website at:

www.kingcounty.gov/courts/superiorcourt/volunteer

If you have any questions, please call:

206-296-1131

PARTNERSHIP FOR YOUTH JUSTICE

Restoring Youth Accountability

Diverting young people from the formal juvenile justice system to community based citizen groups began in 1959 with the formation of the Renton Conference Committee (now called the Renton Community Accountability Board). Today, under the auspices of the King County Superior Court, there are twenty-three Community Accountability Boards utilizing about 300 trained community volunteers who meet on a regularly scheduled basis to handle about 3,000 diverted juvenile cases annually.

These twenty-three CABs serve seventeen communities within the county and eight neighborhoods within metropolitan Seattle. The boundaries of the urban and rural CABs are based on neighborhood identity and/or school districts. The selection of CAB members begins with nominations of concerned, dedicated citizens. Each prospective volunteer is carefully screened, oriented and trained by staff before serving on a CAB.

The key role of the CAB as a community service is to balance the needs of victims, communities and offenders. The goal is to restore each of the parties, as fully as possible, from the effects of crime. In addition, the CABs offer an alternative to the formal juvenile justice system by diverting youth and their families to Boards in their own community. The objectives are:

1. To increase the juvenile's awareness of the relationship between the offense committed and the people harmed by his/her actions.
2. To provide restitution to victims of the youth's offense.
3. To provide accountability for the juvenile's behavior.
4. To impress upon the youth that the community is concerned with his/her conduct.
5. To facilitate resolution of the presenting problem
6. To stimulate and maximize the opportunity for citizen participation.
7. To develop needed community resources.

In addition, secondary benefits result from the program. The cost of administering the juvenile justice system is reduced and the caseloads of the Court are lessened.

CABs can and do have enormous positive impact on young people and their families. They provide an excellent and effective form of early intervention that helps both the youth in trouble and the community.

A PROGRAM OF THE KING COUNTY SUPERIOR COURT

Superior Court of the State of Washington for the County of King

<http://www.kingcounty.gov/courts/SuperiorCourt/volunteer>

Partnership for Youth Justice
PYJ.Group@KingCounty.gov

1401 E. Jefferson, Suite 506
Seattle, WA 98122
206-296-1131

TO: Community Accountability Board Volunteers

FR: Shirley Noble and Matthew David, Area Managers

RE: Quarterly Volunteer Training Schedule

The quarterly training schedule for Community Accountability Board Volunteers is as follows:

	<u>First Session</u>		<u>Second Session</u>
Winter Training Sessions:	Second Tuesday in January 6:15-9:00 p.m.	&	Third Tuesday in January 6:15-9:00 p.m.
Spring Training Sessions:	Second Tuesday in April 6:15-9:00 p.m.	&	Third Tuesday in April 6:15-9:00 p.m.
Summer Training Sessions:	Second Tuesday in July 6:15-9:00 p.m.	&	Third Tuesday in July 6:15-9:00 p.m.
Autumn Training Sessions:	Second Tuesday in October 6:15-9:00 p.m.	&	Third Tuesday in October 6:15-9:00 p.m.

The training sessions will be held at the Jefferson Professional Center on the 5th floor. The address is 1401 E. Jefferson, Suite 506, Seattle. Each volunteer will receive instructions for getting here and entering the building. A program manual will also be provided at the first session.

PARTNERSHIP FOR YOUTH JUSTICE APPLICATION

Today's Date: _____

CAB: _____

Return completed application to:
Partnership for Youth Justice
1401 E. Jefferson, Suite 506
Seattle, WA 98122

PYJ.group@kingcounty.gov
Phone: 206-296-1131
Fax: 206-296-1493

Name: _____ DOB: _____ Race: _____
LAST FIRST M. (Opt.) (Opt.)

Preferred Name/Nickname: _____ Email Address: _____

Home Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell: _____ Work: _____

May we contact you at work? Yes _____ No _____

School (If applicable): _____ Grade level: _____ G.P.A.: _____

Employed by: _____ How long?: _____

Business Phone: _____ May we contact you at work? Yes _____ No _____

Education: _____

Brief description of work: _____

How did you learn of the program? _____

Personal interests and hobbies: _____

Volunteer/paid experience: _____

With Youth/Juvenile Justice System: _____

Other relevant experience: _____

List any specific skills/qualifications you have which would be of value to the program: _____

What skills would you like to develop? _____

What do you dislike doing? _____

List any problems or disabilities you have which should be taken into account: _____

Have you ever been convicted of a crime? _____ Date: _____

Please Describe: _____

Why do you wish to participate in this program? _____

PLEASE LIST THREE REFERENCES: (non-relatives)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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Please list complete address and phone numbers.

References will be contacted by mail.

I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and such as may otherwise be obtained and will be used only for the purpose of determining my suitability as a volunteer. All information will be held in confidence.

I understand that pictures taken at workshops or conferences that I am in may be used for promotional program purposes.

Applicant's Signature

FOR PROGRAM USE ONLY:

Interviewed by: _____ Date: _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency

Attn

Address

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

()

Title

Area Code/Phone Number

B PURPOSE

Check appropriate box

☐ Educational School District (ESD)/School District
Volunteer – no fee

☐ Non-Profit Business/Organization – no fee
(Excluding Schools & EDS's)

☐ Profit Business/Organization - \$10

☐ Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's
check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence
pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)